

Substitute for form 1449/PTO (Revised 04/2003)		Complete if Known <u>10/510924</u>	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT			
<i>(Use as many sheets as necessary)</i>			
Sheet	2	of	2
		Attorney Docket Number <u>031707/283725</u>	

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Examiner Signature	/Anna Gofman/	Date Considered	03/20/2006
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*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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